

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	no
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COMPOSITIONS AND METHODS FOR THE TREATMENT OF DISEASE
Attorney Docket Number::	048501/273281
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	21
Small Entity::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	David
Family Name::	Phillips
Name Suffix::	
City of Residence::	Clayton
State or Province of Residence::	Victoria
Country of Residence::	Australia
Street of mailing address::	27-31 Wright Street
City of mailing address::	Clayton
State or Province of mailing address::	Victoria
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3168

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	David
Family Name::	de Kretser
Name Suffix::	
City of Residence::	Clayton
State or Province of Residence::	Victoria
Country of Residence::	Australia
Street of mailing address::	246 Clayton Road
City of mailing address::	Clayton
State or Province of mailing address::	Victoria
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3168

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	William
Family Name::	Sievert
Name Suffix::	
City of Residence::	Clayton
State or Province of Residence::	Victoria
Country of Residence::	Australia
Street of mailing address::	246 Clayton Road
City of mailing address::	Clayton
State or Province of mailing address::	Victoria
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3168

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Shane
Family Name::	Patella
Name Suffix::	
City of Residence::	Clayton
State or Province of Residence::	Victoria
Country of Residence::	Australia
Street of mailing address::	Wellington Road
City of mailing address::	Clayton
State or Province of mailing address::	Victoria
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3800

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Joseph
Family Name::	Smolich
Name Suffix::	
City of Residence::	Clayton
State or Province of Residence::	Victoria
Country of Residence::	Australia
Street of mailing address::	Wellington Road
City of mailing address::	Clayton
State or Province of mailing address::	Victoria
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3800

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	David
Family Name::	McGaw
Name Suffix::	
City of Residence::	Clayton
State or Province of Residence::	Victoria
Country of Residence::	Australia
Street of mailing address::	Wellington Road
City of mailing address::	Clayton
State or Province of mailing address::	Victoria
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3800

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Australia  
 Status:: Full Capacity  
 Given Name:: Paul  
 Family Name:: Fennessy  
 Name Suffix::  
 City of Residence:: Clayton  
 State or Province of Residence:: Victoria  
 Country of Residence:: Australia  
 Street of mailing address:: Wellington Road  
 City of mailing address:: Clayton  
 State or Province of mailing address:: Victoria  
 Country of mailing address:: Australia  
 Postal or Zip Code of mailing address:: 3800

#### **Correspondence Information**

Correspondence Customer Number:: 00826

#### **Representative Information**

Representative Customer Number:: 00826

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/AU02/00945	07/12/02

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Australia	PR6381	07/13/01	YES

**Assignee Information**

Assignee name:: BIOA Pty Limited  
Street of mailing address:: Unit B3, 2-4 Central Avenue  
City of mailing address:: Thornleigh  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2120

Assignee name:: Monash Univeristy  
Street of mailing address:: Wellington Road  
City of mailing address:: Clayton  
State or Province of mailing address:: Victoria  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 3800

(If there is more than one assignee, repeat information for each one.)

RTA01/2148364v1